

# REGISTRATION FORM

(PLEASE PRINT OR TYPE)

*All information below is required in our new database*

DMD \_\_\_ DDS \_\_\_ RDH \_\_\_ PHDHP \_\_\_ DA \_\_\_ OTHER \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Business Address (If tuition is being paid by employer): Employer Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Address (If tuition is being paid by attendee): \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Office) \_\_\_\_\_ Phone(Cell) \_\_\_\_\_ Phone Evening \_\_\_\_\_

Email Address \_\_\_\_\_

**This will be your unique identifier in our database system.**

Are you an alumnus of the University of Pittsburgh School of Dental Medicine? \_\_\_ Graduation Date \_\_\_\_\_

SDM Faculty: Full-Time \_\_\_ Part-Time \_\_\_ Emeritus \_\_\_ Volunteer \_\_\_ Resident \_\_\_ Other \_\_\_\_\_

## *Course Information*

Course Number \_\_\_\_\_ Course Fee \_\_\_\_\_ Course Number \_\_\_\_\_ Course Fee \_\_\_\_\_

Course Number \_\_\_\_\_ Course Fee \_\_\_\_\_ Course Number \_\_\_\_\_ Course Fee \_\_\_\_\_

Course Number \_\_\_\_\_ Course Fee \_\_\_\_\_ Course Number \_\_\_\_\_ Course Fee \_\_\_\_\_

## *Payment Information*

Check Amount \$ \_\_\_\_\_ (Payable to the University of Pittsburgh)

Visa \_\_\_ MasterCard \_\_\_ Discover \_\_\_ Card Security Code# \_\_\_\_\_ (on back of card)

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Billing Address (If different than above) \_\_\_\_\_

Full Name (As it appears on card) \_\_\_\_\_ (Print or Type)

Signature \_\_\_\_\_

*Please return completed form to:*  
*The Univeristy of Pittsburgh, School of Dental Medicine, 2148 Salk Hall,*  
*Edward J. Forrest CDE Center, Pittsburgh, PA 15261.*  
*Phone: 412/648-8370 Fax: 412/383-9069*